	PAIENI	ve Novem	JKU		C	79	360	635					
		S FILED Column 1)		SMALL TYPE	ENTITY	OR		R THAN ENTITY					
FOR			NUMB	ER FILED		NUMBER	EXTRA		RATE	FEE	7	RATE	FEE
BASIC FEE										380.00	OR		760.00
TOTAL CLAIMS			15	minus	20=	٠			X\$ 9=		OR	X\$18=	*
INDEPENDENT CLAIMS			<i></i>			•			X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL	-	OR	TOTAL	Kou
CLAIMS AS AMENDED - PART II									•			OTHER	THAN
(Column 1) (Column 2) (Column 3)								_	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		REM. AF	AIMS AINING TER DMENT		PR	HIGHEST NUMBER EVIOUSLY VAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• /	5_	Minus	**	<i>9</i> e)	=		X\$ 9=		OR	X\$18=	
	Independent FIRST PRESE	NITATIO	N OF A	Minus	RENID	ENT CLAIM	=		X39=		OR	X78=	
	FINST PRESE	NIMIO	IN OF MI						+130=		OR	+260=	
BEST AVAILABLE											OR .	TOTAL	ROUT
	1-22	- <i>(C</i> olu	mn_1)		(C	olumn 2)	(Column 3)	A	DOIT. FEE	<u></u>	, ,	ADDIT. FEE	
AMENDMENT B		REM. AF	aims Aining Ter Dment		PR	HIGHEST HUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	٠	Ö	Minus	210	20	= (X\$ 9=		OR	X\$18=	
	Independent	* /	N OF MI	Minus	PEND	S ENT CLAIM	=		X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		OR	+260=	
								· AI	TOTAL DOIT. FEE		OR	YOYAL ADDIT, FEE	
			mn 1)		(C	olumn 2)	(Column 3)						
AMENDMENT C		REM/ AF	ums Uning Ter Oment		PR	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	٠		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•		Minus	***		8		X39=		OR	X78=	
_	FIRST PRESE	NTATIO	N OF MU	ILTIPLE DEF	PEND	ENT CLAIM		 -	···		UR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+260=	
If the entry in column 1 is less than the entry in column 2, write "U" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR ,	TOTAL VDDIT. FEE	
	The 'Highest Num	ber Prev	iously Pai	d For (Total o	Indep	endent) is the	highest numbe	r toun	d in the app	ropriate bo	in colu	umn 1.	

PATENT APPLICATION FEE DETERMINATION RECORD

FORM PTO-075 (Rev. 11/98)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Application or Docket Number

₩ W.S. GPO:1988-454-4/3/80301